

Institution: University of Essex		
Unit of Assessment: 21		
Title of case study: Reducing 'Recurrent Care Proceedings': enhancing social care services and improving the well-being of disadvantaged parents		
Period when the underpinning research was undertaken: 2010-2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Pamela Cox	Professor of Sociology	1997 to present
Dr Susan McPherson	Senior Lecturer	2006 to present
Dr Danny Taggart	Lecturer	2012 to present (career break 09/19-09/21)
Dr Frances Blumenfeld	Senior Lecturer	2008 to present
Period when the claimed impact occurred: 2017-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>One in four birth mothers who have a child taken into care in England will re-appear in further care proceedings within seven years. Our research in 'recurrent care' comprised theoretical innovation and the development of evaluation methodology. Impacts claimed are:</p> <ol style="list-style-type: none"> 1. Establishing the field of Recurrent Care Proceedings (RCP) research and influencing national policy, practice and thinking; 2. Improvements in recurrent care services across the UK through the development of an enhanced theoretical and clinical understanding of, and ability to, meet birth parents' previously unmet needs and through establishing a Community of Practice. <p>Essex evaluation methods based on this research have enabled services in the East of England, London, North West and Midlands to demonstrate significant initial one-off savings plus recurring annual savings, enabling them to secure new or ongoing commissioning. Estimated savings per service range from GBP211,000 - GBP1,000,000 from care costs that have been avoided.</p>		
2. Underpinning research		
<p>One in four birth mothers who have a child taken into care in England will re-appear in care proceedings within seven years. Women in this situation have experienced structural disadvantage in multiple domains including socio-economic deprivation, histories of trauma and abuse, low educational attainment and lack of access to healthcare [R1, R2]. Owing to the stigma of having a child removed, the phenomenon of 'recurrent care proceedings' (RCP) was previously unacknowledged. Following a scoping study by Essex for the Suffolk Family Justice Council to determine the scale of local RCP, this 'national problem with no name...and no data' [R1] was identified and influenced a new field of national collaborative research on RCP. Essex research has comprised multidisciplinary theoretical work, with a sociological base and focus, to inform local and national service development, and the development of evaluation methodology.</p> <p>Essex academics drew on their sociological, clinical and theoretical research in trauma-informed, attachment, and relationship-based approaches to support new and emerging recurrent care services in developing their intervention models [R3, R4]. Women in RCP services have very high levels of past trauma including iatrogenic trauma from interactions with services and professionals. Our research emphasises that professionals need to acknowledge past trauma, formulate client behaviour in this context, and attempt to build positive trusting relationships to avoid further iatrogenic harm [R3, R4]. Our research also emphasises the need for services to enquire sensitively about past trauma, prioritise transparency in communications, develop</p>		

collaborative relationships, adopt strengths-based approaches and work in partnership with survivors [R3, R4]. Our work has been iterative in being both generated and applied through service development work with RCP services.

In addition to supporting service development, Essex research has supported RCP service evaluation. Development of a tailored evaluation methodology by Essex began with the design and conduct of a mixed-methods evaluation of one of the first RCP services in England (Suffolk), established to support mothers who had had a child removed, and to reduce recurrent care proceedings. This pilot service was established within a local authority (LA) setting with limited funding. Ongoing funding was precarious because the mothers concerned tended to be maligned and seen as 'undeserving' of further support. Skeletal staff teams had limited resources and no capacity for evaluation. Keyworkers were conscious that their clients were in need of health and wellbeing services and had experienced structural inequalities and significant disadvantage. The evaluation methodology developed by Essex led to the first two published evaluation reports [R2, R5] of UK recurrent care services, the latter featuring in a Special Issue of *Societies* on RCP, guest edited by Cox, McPherson and Blumenfeld. These helped to reframe perceptions of clients (e.g. by documenting histories of trauma and disadvantage) within the wider commissioning community and to demonstrate cost benefits of such services arising from avoiding care proceedings and avoided ongoing care costs [R2].

The publication and dissemination of the first report [R2] began a process of research and impact developing iteratively, as new services emerged and sought out the Essex team to support service development and evaluation (see section 4). The evaluation methodology was developed through this iterative process in which each evaluation carried out by the Essex team led to new enhancements, adaptations and improved knowledge of both clinical needs and how to apply evaluation methods in these contexts. Essex were commissioned over the period 2012-2020 to undertake independent evaluations of RCP and edge-of-care services in Suffolk, Norfolk, Stockport, Merseyside, Croydon, Birmingham, Southend and Salford [R2, R6, R7, R5].

Part way through this period, an open-access evaluation toolkit [R8] was commissioned by Research in Practice (RiP; a partnership championing evidence informed practices in children's services) and published as an output of our methodological research. Early draft versions of the toolkit shared with the RiP community led to, and was applied to, the Essex research team's evaluations in Stockport, Merseyside and Salford [R7]. The toolkit was informed by findings from the Essex team's ongoing theoretical and methodological insights [R3, R4] as well as service development work in RCP services [R7]. Specifically, the methodology systematically documented key features of clients' backgrounds including socio-demographics, trauma histories and healthcare needs [R2, R6]. Robust psychometric measures were selected which would document the level of mental health care need, and these have routinely indicated significant complex clinical need in all services evaluated [R7, R5]. Qualitative interviews were designed to capture birth parents' experiences in more depth. Drawing particularly on theoretical insights [R3, R4]. The methodology was developed to take into account the nature of professional working in social care, the centrality of professional-client relationship building in this setting, and how the precariousness of trust in these initial stages impacts on the timing, nature and robustness of data collection.

3. References to the research [can be supplied by HEI on request]

- [R1] Cox P (2012). [Marginalized Mothers, Reproductive Autonomy, and 'Repeat Losses To Care'](https://doi.org/10.1111/j.1467-6478.2012.00599.x). *Journal of Law and Society*. 39 (4), 541-561. <https://doi.org/10.1111/j.1467-6478.2012.00599.x>
- [R2] Cox P, Barratt C, Blumenfeld F, Rahemtulla Z, Taggart D and Turton J (2017). [Reducing recurrent care proceedings: initial evidence from new interventions](https://doi.org/10.1080/09649069.2017.1345083). *Journal of Social Welfare and Family Law*. 39 (3), 332-349. <https://doi.org/10.1080/09649069.2017.1345083>
- [R3] Taggart D (2018). Trauma and an Ethics of Responsibility. *Clinical Psychology Forum* (302), 4-4 ISSN: 1747-5732
- [R4] Sweeney A & Taggart D (2018) (Mis)understanding trauma-informed approaches in mental health, *Journal of Mental Health*, 27:5, 383-387. <https://doi.org/10.1080/09638237.2018.1520973>
- [R5] Cox P, McPherson S, Mason C, Ryan M & Baxter V (2020) Reducing Recurrent Care Proceedings: Building a Local Evidence Base in England. *Societies* (10) 88.

<https://doi.org/10.3390/soc10040088>

[R6] McPherson S, Andrews L, Taggart D, Cox P, Pratt R, Smith V and Thandi J, (2018). [Evaluating integrative services in edge-of-care work](#). Journal of Social Welfare and Family Law. 40 (3), 299-320. <https://doi.org/10.1080/09649069.2018.1493651>

[R7] RCP service evaluation reports:

Suffolk County Council 'Positive Choices'; Southend Borough Council 'Rise'; Norfolk and Suffolk NHS Foundation Trust Peri-Infant Mental Health service; Birmingham 'After Adoption'; Croydon Family Action; Salford City Council, 'Strengthening Families' service; Stockport Family, 'Comma' service; Merseyside 'Venus Step Together'. (Available upon request)

[R8] Cox & McPherson 2019: Reducing recurrent care proceedings: evaluation tool user guide.

<https://www.researchinpractice.org.uk/media/3967/s2-evalutaion-user-guide.pdf>

Related funding

[G1] 2016 £14,759 Norfolk and Suffolk NHS Foundation Trust (McPherson et al); [G2] 2017/2019 £18,302 Venus Charity Phase 1,2, 3 & 4 (McPherson et al) [G3] 2018 £2,950, RiP (Cox et al); [G4] 2018 £8,824, Stockport NHS Foundation Trust (McPherson et al); [G5] 2019 £12,329 Croydon Family Action (McPherson et al); [G6] 2019 £14,090 Salford City Council (Cox et al).

4. Details of the impact

Establishing the field and influencing national thinking

Following Cox's seminal piece [R1] setting out the 'national problem with no name', Cox was commissioned to undertake the first RCP service evaluation (Suffolk) [R7] which was published in a peer review journal [R2]. This was then featured in the Ministry of Justice's 2017 Family Justice Bulletin which reached 400 experts including judges, LA leads, professional bodies and frontline social work leads [S1 p34]. The Ministry of Justice commented in 2017, "*the key findings are that at least in the short-term repeat pregnancies are avoided for those women taking part and any resulting care proceedings resulting in savings. ...The findings can be used to influence government decision making and hopefully encourage projects that work intensively with women and men after losing children*" [S2]. Based on her work and her role in helping to establish the national RCP research field, Cox was invited to join the evaluation advisory board of PAUSE, a national RCP project supported by the Department for Education, initially rolled out in London and later via 21 hubs in England and Wales. She was also invited to take part in a subsequent Research in Practice (RiP) change project:

"We invited Essex to be key partners in this project because of their expertise in evaluation methodologies in this specialist and emerging field. It was particularly important for services to be able to develop proportionate, meaningful evaluation approaches which Essex was expert in developing. We understood Essex to be the experts in this field and essential for the project based on Prof Pam Cox's role in establishing the field following the Family Justice Council 6th annual debate in 2012 on the topic; the ensuing seminal paper (Cox, 2012) which established the field in the literature; and the Essex team publication of their first evaluation of the Suffolk recurrent care service in a peer reviewed journal (Cox et al, 2017). Prof Cox also sits on the advisory board for PAUSE, the first nationally commissioned recurrent care service in order to advise on evaluation methods and as such was a recognised leader in the field specifically in terms of evaluation methodologies." Assistant Director, Research in Practice [S3].

The Essex research team has subsequently been seen as the expert hub for evaluation methodology for new services in this field and took part in the RiP 'Change Project' (2017-2018) the evaluation lead [S3]. This involved 11 English LAs seeking to establish or extend recurrent/edge-of-care services. RiP is a collaborative initiative supported by the Association of Directors of Children's Services and has 105 English LA members. RiP commissioned the Essex toolkit [R8] as part of an interactive online resource pack for RCP services [S4]. The pack included a section on 'Setting up a service – evaluation and cost benefits' [S4 p23-30] featuring resources

prepared by Essex on evaluation methods [S4 p23] and research findings from Suffolk and Norfolk evaluations [S4 p.24]. The resource pack also includes films and tutorials delivered by Taggart [S4 p31-32]. Essex has developed key insights into good practice approaches, specifically in terms of trauma-informed, attachment and relationship-based approaches applied to social care settings [R3, R4]. These insights were harnessed as part of the RiP 'Change Project', for which Taggart was commissioned to record four webinars, a blog and a Frontline Briefing on using attachment, trauma-informed and relationship-based approaches in social care aimed at social care practitioners. Overall, this resource pack extended the reach of Essex methodological and theoretical research beyond the initial Change Project to all services engaging with RiP with page views of the resource pack totalling 5606 as of February 2020 [S3]. The resource was also available as a complete pdf downloadable resource (with 654 downloads as of Feb 2020 [S3]).

Improvements in recurrent care services across the UK through the development of an enhanced theoretical and clinical understanding of, and ability to meet, birth parents' previously unmet needs and through establishing a Community of Practice

Parents who lose child(ren) to care have experienced multiple disadvantages and structural inequalities and experience further complex challenges in the months and years following removal. Court judgements routinely recommend therapeutic input for parents, yet this is rarely available partly owing to costs and stigma. RCP services lack funding for specialist therapeutic input. The RiP Resource pack [S4 - section 3] translated Essex research into accessible training materials for frontline social care professionals on using attachment, trauma-informed and relationship-based approaches in social care. This translation and dissemination via RiP enabled Essex theoretical work to impact on service development across the UK, enhancing the reach of trauma-informed therapeutic practices applied in social care settings:

"Danny Taggart's publication and supporting webinar have been warmly received by our network Partners with 2277 downloads of Dr Taggart's frontline briefing and webinar views of 1682 up to February 2020. These have contributed to a nuanced, client centred knowledge development in relation to trauma informed practice." [S3]

Testimonials from four LAs also attest to Essex's influence on their service development [S5, S6, S7, S8]. For example, Stockport's RCP service lead commented that *"applying attachment theory to help us to think about difficulties in the parent/worker relationship has given us a framework to begin to understand behaviours that appear to be counterproductive, such as avoidance, or hostility. We have then been able to adapt our responses to try and repair or reach a woman for example, by offering comfort or validation when a woman falls into her attachment response of withdrawal as a way to manage her fear."* [S5]

Essex research has enabled parents to benefit from therapeutic approaches previously unavailable and unaffordable, by enabling more services to make their case to exist and through enabling therapeutic enhancement of these services. Across the 8 services that Essex has directly evaluated, at least 400 birth mothers and fathers were engaged during the evaluation periods and therefore have benefitted from increased access to health care and therapeutic support [R4].

Following on from the RiP Change Project, a collaboration was formed between RiP, Lancaster, Essex and PAUSE which received investment of GBP100,000 from Public Health England in 2020 to build and pilot a national Community of Practice (CoP) for LA and voluntary sector agencies [S9]. The CoP development, which had to adapt in light of COVID-19 UK lockdown, currently has 84 member organisations including Barnardo's, Ormiston Families and many Local Authorities. During 2020, staff within these organisations have been engaging in a range of webinars and other online events focused on trauma-informed responses to the reproductive health needs of birth parents at risk of RCP, drawing on Essex research. The CoP online learning repository is currently in development with a launch and conference event planned for March 2021. Cox and Taggart continue to input into CoP events on trauma-informed

approaches and service evaluation approaches. Cox and McPherson are currently leading an evaluation of the CoP [S9].

Essex evaluation methods have enabled services in the East of England, London, North West and Midlands to demonstrate significant initial one-off savings plus recurring annual savings, enabling them to secure new or ongoing commissioning. Estimated savings per service range from GBP211,000- GBP1,000,000 from care costs that have been avoided.

Eight services have commissioned Essex evaluations and/or service development projects, enabling them to assess their cost and clinical effectiveness and develop their service. The evaluation reports [R7] have enabled services to negotiate ongoing funding through the claim that psychological need is high and that RCP services can enable mothers to take steps towards better wellbeing such as registering with a GP and beginning to disclose and address alcohol, drug and domestic violence issues and thus initiate referrals to other services [S5, S7].

In our evaluation approach, we calculated one-off cost savings for each service over a fixed period by calculating the number of care proceedings that had been avoided (avoided costs include associated costs such as court fees and legal aid). We also calculated an ongoing annual savings figure attributable to avoided care costs based on the 2017 Department for Education published report on PAUSE which estimated the cost of avoided care arrangements at GBP52,676 per child per year which is cumulative until a child reaches the age of 18. Building this approach into our evaluation reports [R7] enabled services to make a case for ongoing commissioning as noted in testimonials from Stockport, Merseyside and Suffolk RCPs [S5, S6, S7]. One-off savings within the evaluation periods were GBP97,000 (Stockport) [S5], GBP256,000 (Merseyside) [S7] and GBP450,000 Suffolk [S6]. Ongoing yearly savings were estimated as GBP211,000 (Stockport) [S5], GBP895,000 (Merseyside) [S7] and GBP1,000,000 (Suffolk) [S6].

Cost savings estimates are conservative in that although they have to be offset against the cost of running the service, they do not include potential further savings from reduced alcohol, drug use or domestic violence or the avoidance of children after the age of 18 finding themselves in the category 'Not in Education or Employment' (NEET).

5. Sources to corroborate the impact

[S1] [Ministry of Justice: Family Justice Research Bulletin 2017](#)

[S2] Testimonial Ministry of Justice.

[S3] Testimonial, Assistant Director, Research in Practice.

[S4] [RiP Resourcepack web resource and pdf \(2019\)](#)

[S5] Testimonial Stockport RCP Service.

[S6] Testimonial Suffolk RCP Service.

[S7] Testimonial Merseyside RCP Service.

[S8] Testimonial Southend RCP Service.

[S9] Research in Practice – 'Building trauma-informed responses in supporting sexual and reproductive health for birth parents at risk of RCP'. Public Health England Innovation Fund 2020 Quarterly Reporting Template (October 2020).